

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

458  
Lobbyist's Registration Number

FOR OFFICE USE ONLY  
Postmark Date: 12-11-06

Ren 2007  
JE 85253  
\$110.00  
Wmi:

**1061653**

## Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Morris Michael D  
Last First MI

2. BUSINESS PHONE 225-387-0286  
Area Code and Phone Number

3. BUSINESS ADDRESS 359 Third St., Ste B, Baton Rouge, LA 70801  
Street and No. City State Zip

MAILING ADDRESS PO Box 2911 Baton Rouge, LA 70821  
Street and No. City State Zip

4. EMPLOYER Home Builders S.I.A.

5. EMPLOYER'S ADDRESS Same as above  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business with which you are engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Home Builders Self Insurers Fund

Address 359 Third Street, Ste B, Baton Rouge, LA

Business or purpose Group Self Insurers Fund

Does this person pay you? YES

If No, who pays you? \_\_\_\_\_

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2. Name LASIE  
Address PO BOX 4151 BOSTON EDGE, CA 9821  
Business or purpose ASSOCIATION OF SELF INSURER INDUSTRY  
Does this person pay you? NO  
If No, who pays you? Home Builders self Insurers fund

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
\_\_\_\_\_  
(Signature of Lobbyist)

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY